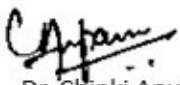


Patient Name : Mrs.ANNAPOORNA M S	Collected : 23/Mar/2024 10:51AM
Age/Gender : 49 Y 8 M 21 D/F	Received : 23/Mar/2024 02:58PM
UHID/MR No : CELE.0000130827	Reported : 23/Mar/2024 04:58PM
Visit ID : CELEOPV345165	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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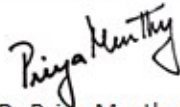
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.1	g/dL	12-15	Spectrophotometer
PCV	38.90	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.31	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	90.2	fL	83-101	Calculated
MCH	30.4	pg	27-32	Calculated
MCHC	33.6	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,670	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	55.8	%	40-80	Electrical Impedance
LYMPHOCYTES	32.7	%	20-40	Electrical Impedance
EOSINOPHILS	3.8	%	1-6	Electrical Impedance
MONOCYTES	7.4	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4279.86	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2508.09	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	291.46	Cells/cu.mm	20-500	Calculated
MONOCYTES	567.58	Cells/cu.mm	200-1000	Calculated
BASOPHILS	23.01	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.71		0.78- 3.53	Calculated
PLATELET COUNT	368000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	34	mm at the end of 1 hour	0-20	Modified Westegren method
PERIPHERAL SMEAR				
RBC NORMOCYTIC NORMOCHROMIC				
WBC WITHIN NORMAL LIMITS				



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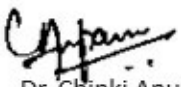
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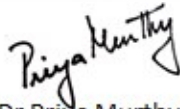
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PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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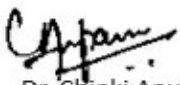
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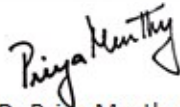
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	129	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $>$ or $=$ 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or $=$ 200 mg/dL on at least 2 occasions.
- Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	126	mg/dL	70-140	HEXOKINASE

Comment:

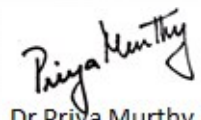
It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	8.2	%		HPLC

Page 4 of 14


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ESTIMATED AVERAGE GLUCOSE (eAG)	189	mg/dL	Calculated
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Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

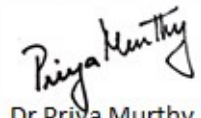
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	213	mg/dL	<200	CHO-POD
TRIGLYCERIDES	157	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immuno-inhibition
NON-HDL CHOLESTEROL	168	mg/dL	<130	Calculated
LDL CHOLESTEROL	136.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	31.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.72		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.18		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

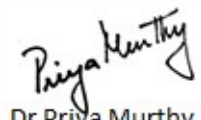
	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

1) Measurements in the same patient on different days can show physiological and analytical variations.

Page 6 of 14


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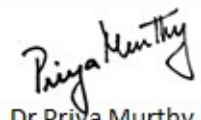
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- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).


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Patient Name : Mrs.ANNAPOORNA M S	Collected : 23/Mar/2024 10:51AM
Age/Gender : 49 Y 8 M 21 D/F	Received : 23/Mar/2024 03:08PM
UHID/MR No : CELE.0000130827	Reported : 23/Mar/2024 06:30PM
Visit ID : CELEOPV345165	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : bobE17367	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.54	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.44	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	77.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.49	g/dL	6.6-8.3	Biuret
ALBUMIN	4.16	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.33	g/dL	2.0-3.5	Calculated
A/G RATIO	1.25		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

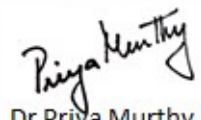
- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.


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SIN No:SE04673449

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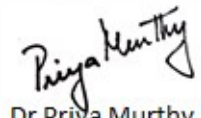
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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.74	mg/dL	0.51-0.95	Jaffe's, Method
UREA	23.00	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.60	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.20	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	4.09	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	136	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.6	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.49	g/dL	6.6-8.3	Biuret
ALBUMIN	4.16	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.33	g/dL	2.0-3.5	Calculated
A/G RATIO	1.25		0.9-2.0	Calculated


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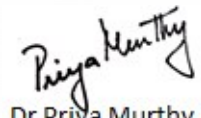
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	22.00	U/L	<38	IFCC


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Patient Name : Mrs.ANNAPOORNA M S	Collected : 23/Mar/2024 10:50AM
Age/Gender : 49 Y 8 M 21 D/F	Received : 23/Mar/2024 03:09PM
UHID/MR No : CELE.0000130827	Reported : 23/Mar/2024 04:41PM
Visit ID : CELEOPV345165	Status : Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.7	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.4	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.994	µIU/mL	0.34-5.60	CLIA

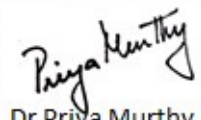
Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma


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SIN No: SPL24053964

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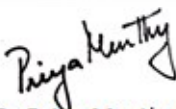

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324


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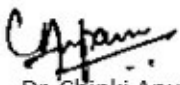
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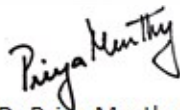
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	POSITIVE +		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	8-10	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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SIN No:UR2314632

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DEPARTMENT OF CLINICAL PATHOLOGY

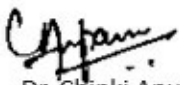
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Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

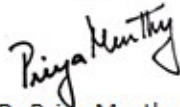
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Chinki Anupam
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SIN No:UF011391

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016 |
www.apollohl.com | Email ID: enquiry@apollohl.com, Ph No: 040-4904 7777, Fax No: 4904 7744

APOLLO CLINICS NETWORK

Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

Address:
323/100/123, Doddathangur Village, Neeladri Main Road,
Neeladri Nagar, Electronic city, Bengaluru,
Karnataka - 560034

 1860 500 7788
www.apolloclinic.com

Patient Name : Mrs. ANNAPOORNA M S

Age/Gender : 49 Y/F

UHID/MR No. : CELE.0000130827

OP Visit No : CELEOPV345165

Sample Collected on :

Reported on : 24-03-2024 18:38

LRN# : RAD2279124

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE17367

DEPARTMENT OF RADIOLOGY

SONO MAMOGRAPHY - SCREENING

All four Quadrants of each breast were scanned, followed by evaluation of the subareolar region and axillary tails.

Bilateral breast parenchyma display a uniform echogenicity and echo texture of the fibrofatty and glandular components, which are in normal proportion for this age and parity.

There is no evidence of any mass lesion, cysts or calcification seen in the bilateral breast.

Both Axillary tails are also normal.

No abnormal axillary lymphnodes noted.

Impression:

- **No definitive sonological abnormality detected in present scan.**
- **US BIRADS I (NORMAL).**

To correlate clinically & with other investigations.

Not for medico-legal purpose

Dr. VIGNESH K
MBBS, MD Radio-Diagnosis
Radiology

Patient Name	: Mrs. ANNAPOORNA M S	Age/Gender	: 49 Y/F
UHID/MR No.	: CELE.0000130827	OP Visit No	: CELEOPV345165
Sample Collected on	:	Reported on	: 24-03-2024 18:18
LRN#	: RAD2279124	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: bobE17367		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appear normal in size and echogenicity. No focal lesion seen. The intra hepatic biliary and portal venous radicals are normal. Portal vein and CBD is normal.

GALL BLADDER: moderately distended and appears normal. No abnormal wall thickening / pericholecystic fluid seen.

Pancreas: normal to the extend visualized.

SPLEEN: Normal in size and echo texture. No focal lesion noted

KIDNEYS: Both kidneys are normal in position, size and echo texture. Normal cortico-medullary differentiation is maintained. No calculus/ hydronephrosis on both sides.

PELVIC ORGANS:

Urinary bladder minimally distended.

Uterus sub optimally visualized appear normal in size and echo texture . Myometrial echoes appear normal.
ET measures ~ 11mm.

Bilateral ovaries are normal in size, shape and echo texture.

No free fluid in the abdomen and pelvis.


IMPRESSION:

- **No definitive sonological abnormality detected in present scan .**

To correlate clinically & with other investigations.

Not for medico-legal purpose

Dr. VIGNESH K
MBBS, MD Radio-Diagnosis
Radiology

Name : Mrs. ANNAPOORNA M S	Age : 49 Y	UHID :CELE.0000130827
Address : ECITY	Sex : F	
Plan : ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT		OP Number :CELEOPV345165
		Bill No :CELE-OCR-56149
		Date : 23.03.2024 10:19

Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
1	GAMMA GLUTAMYL TRANSFERASE (GGT)	
2	2D ECHO - (11)	✓
3	LIVER FUNCTION TEST (LFT)	
4	GLUCOSE, FASTING - 14	
5	HEMOGRAM + PERIPHERAL SMEAR	
6	GYNAECOLOGY CONSULTATION - 16 11:30 - 12:20	Consent
7	DIET CONSULTATION - (18) with physician	
8	COMPLETE URINE EXAMINATION	
9	URINE GLUCOSE(POST PRANDIAL)	
10	PERIPHERAL SMEAR	
11	ECG - 13	✓
12	LBC PAP TEST- PAPSURE - 16 11:30 - 12:30	Consent
13	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
14	DENTAL CONSULTATION - 15/20	Consent
15	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
16	URINE GLUCOSE(FASTING)	
17	SONO MAMOGRAPHY - SCREENING - 8	✓
18	HbA1c, GLYCATED HEMOGLOBIN	
19	X-RAY CHEST PA - 9	✓
20	ENT CONSULTATION - 6	Consent
21	FITNESS BY GENERAL PHYSICIAN - (18)	Consent
22	BLOOD GROUP ABO AND RH FACTOR	
23	LIPID PROFILE	
24	BODY MASS INDEX (BMI)	
25	OPHTHAL BY GENERAL PHYSICIAN - 5	
26	ULTRASOUND - WHOLE ABDOMEN - 8 9:30 to 11:30	✓
27	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

DENTAL CONSULTATION - 15/20
 PHYSIO CONSULTATION - 14
 OPHTHAL SCREENING - 5
 AUDIOLOGY SCREENING - 3

Patient Name	: Mrs. ANNAPOORNA M S	Age	: 49 Y F
UHID	: CELE.0000130827	OP Visit No	: CELEOPV345165
Reported on	: 23-03-2024 20:32	Printed on	: 23-03-2024 20:32
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .


Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:23-03-2024 20:32

---End of the Report---


For **Dr. VIGNESH K**
MBBS, MD Radio-Diagnosis
Radiology

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

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Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

NAME:	Mrs. ANNAPOORNA MS
AGE / SEX:	49YRS/ FEMALE
DATE:	23/03/2024
REFERRED BY:	ARCOFEMI HEALTHCARE

ABDOMINAL ULTRASONOGRAPHY REPORT

LIVER: Appear normal in size and echogenicity. No focal lesion seen. The intra hepatic biliary and portal venous radicals are normal. Portal vein and CBD is normal.

GALL BLADDER: moderately distended and appears normal. No abnormal wall thickening / pericholecystic fluid seen.

Pancreas: normal to the extend visualized.

SPLEEN: Normal in size and echo texture. No focal lesion noted

KIDNEYS: Both kidneys are normal in position, size and echo texture. Normal cortico-medullary differentiation is maintained. No calculus/ hydronephrosis on both sides.

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Uterus sub optimally visualized appear normal in size and echo texture . Myometrial echoes appear normal.
ET measures ~ 11mm.

Bilateral ovaries are normal in size, shape and echo texture.

No free fluid in the abdomen and pelvis.

IMPRESSION:

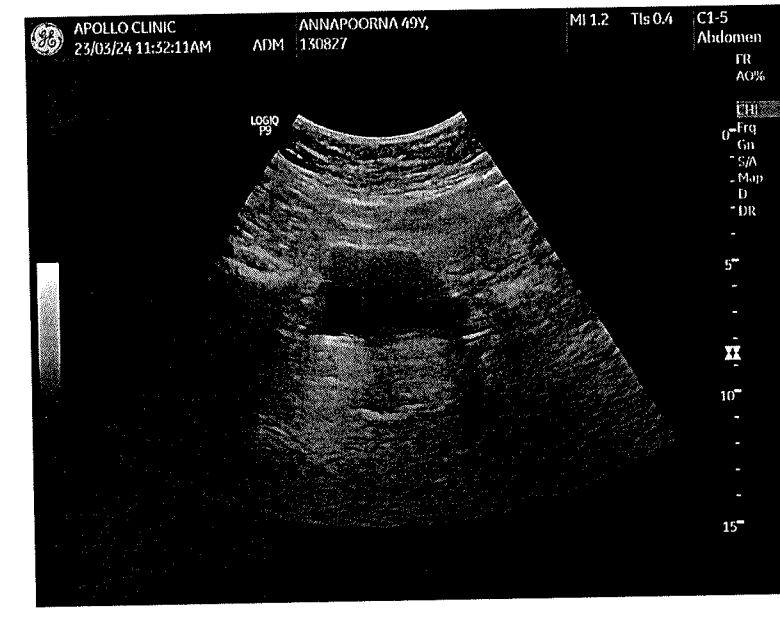
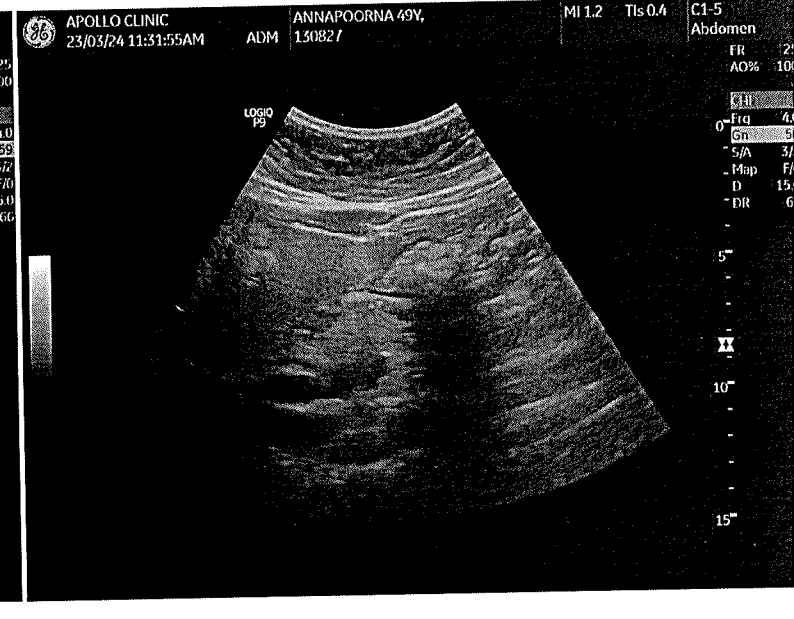
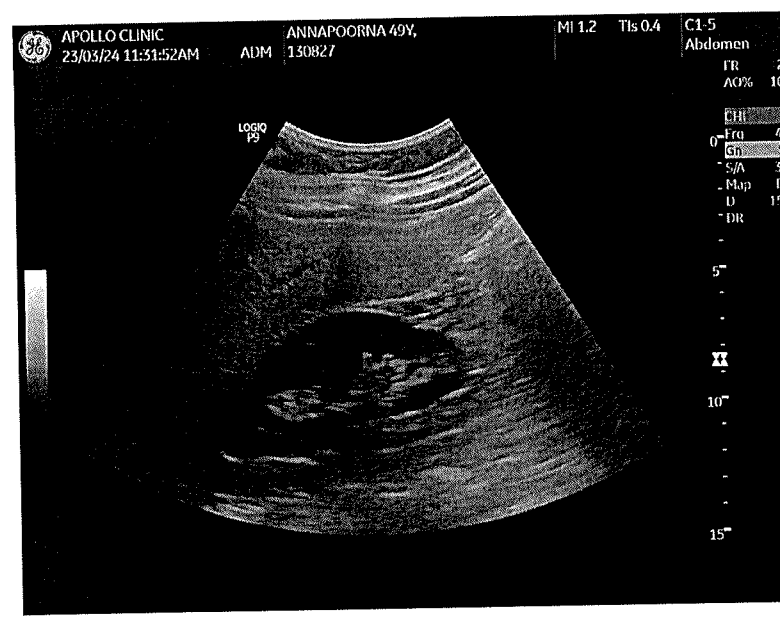
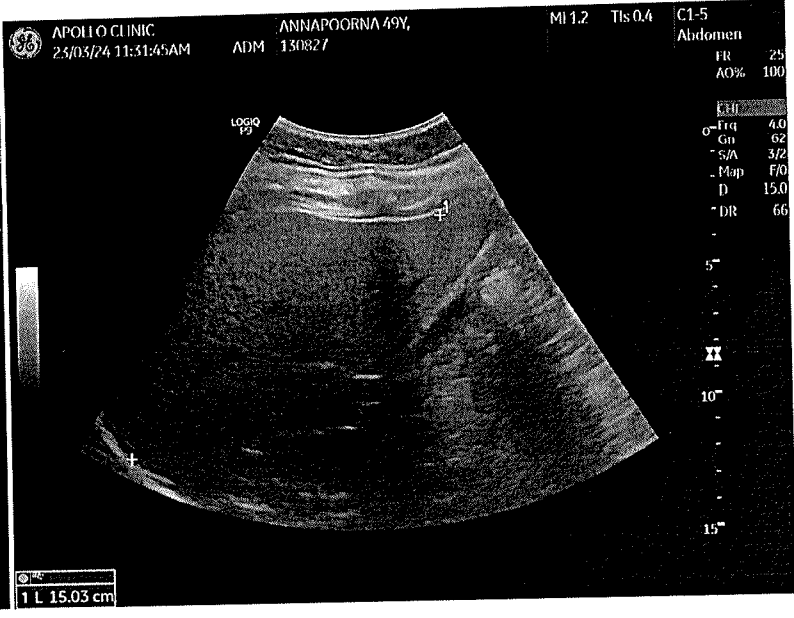
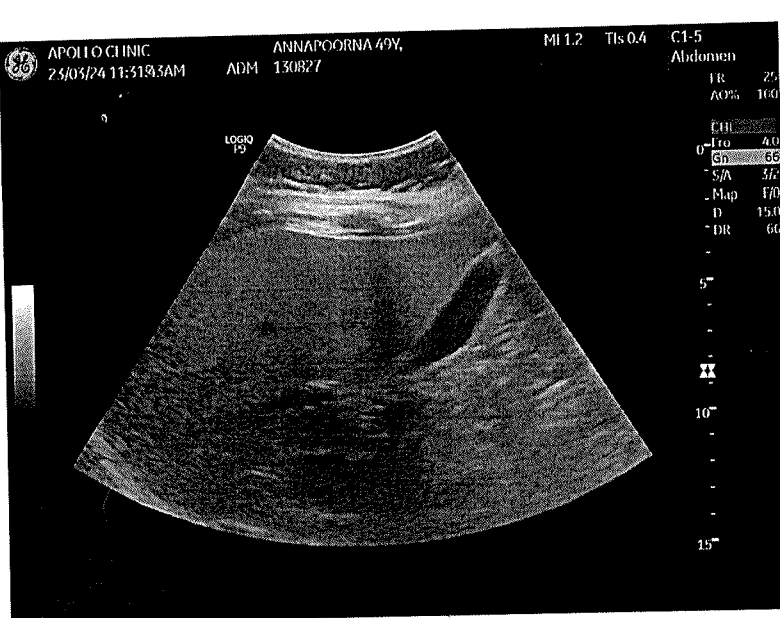
- *No definitive sonological abnormality detected in present scan .*

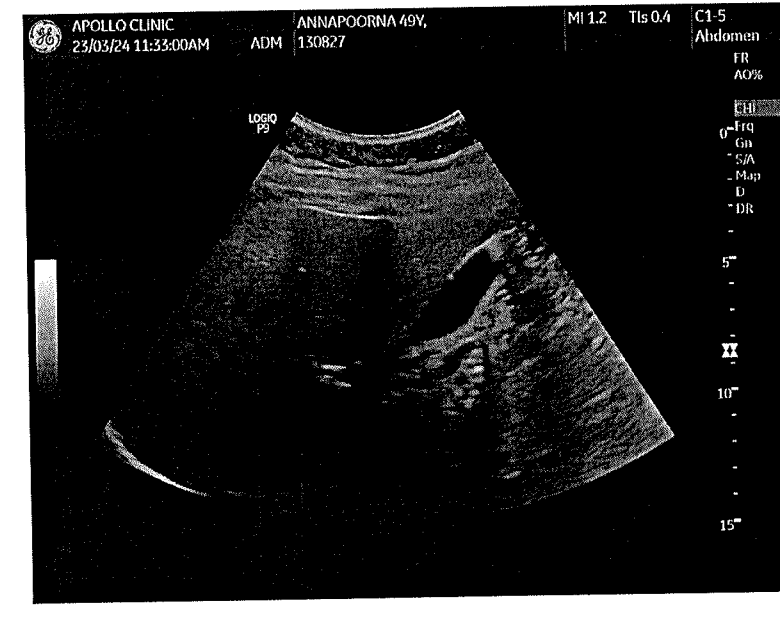
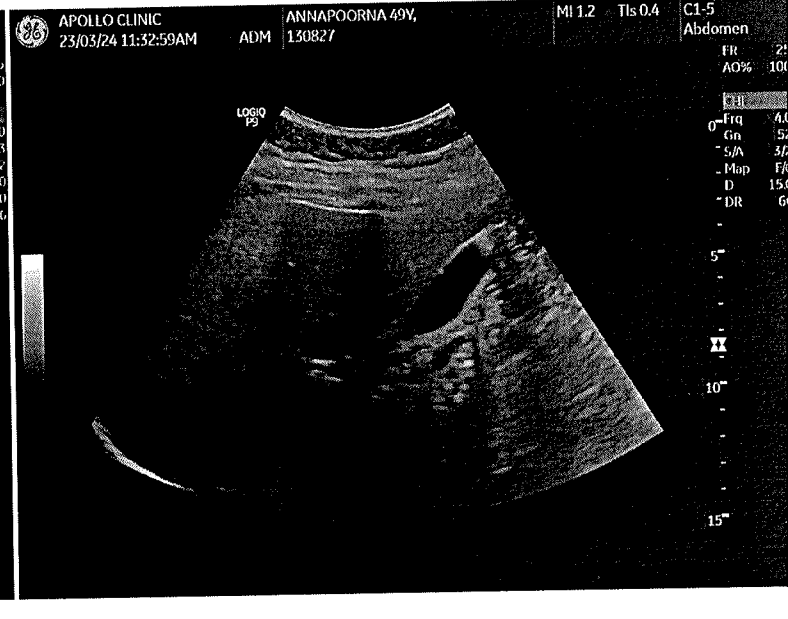
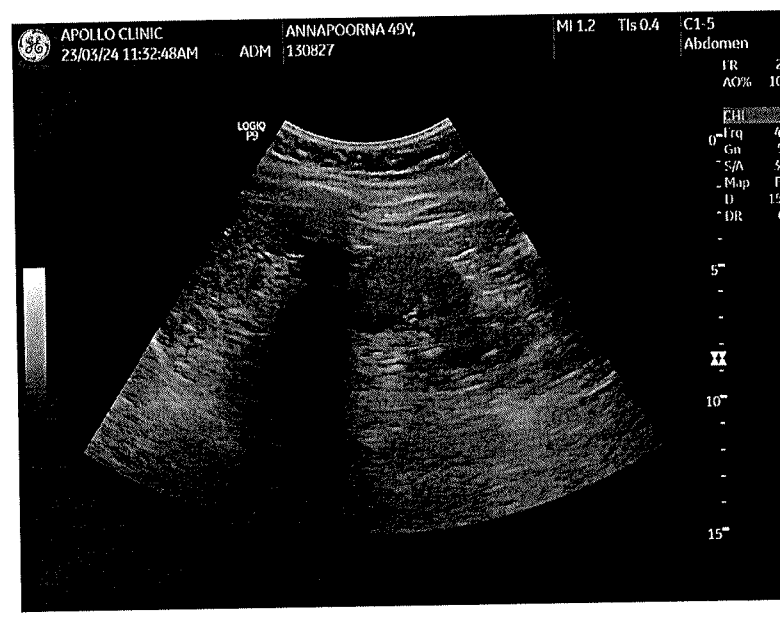
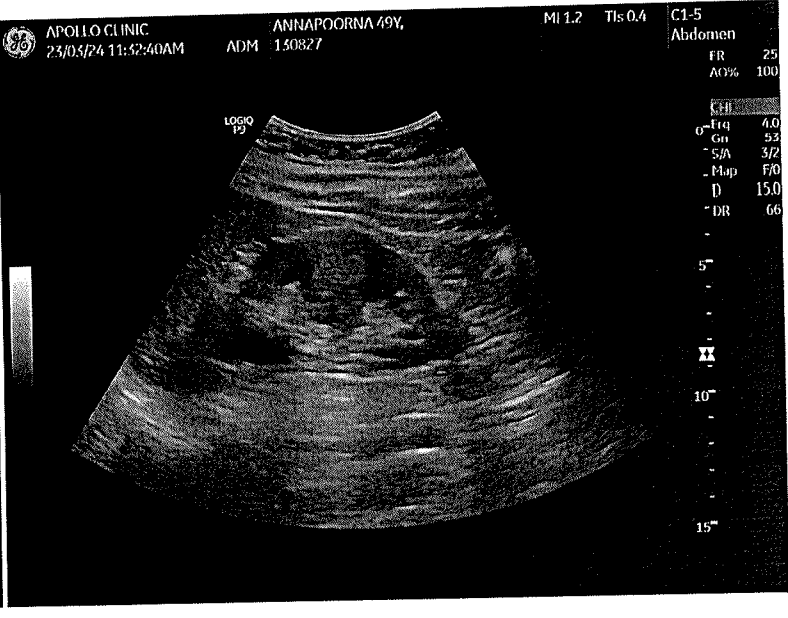
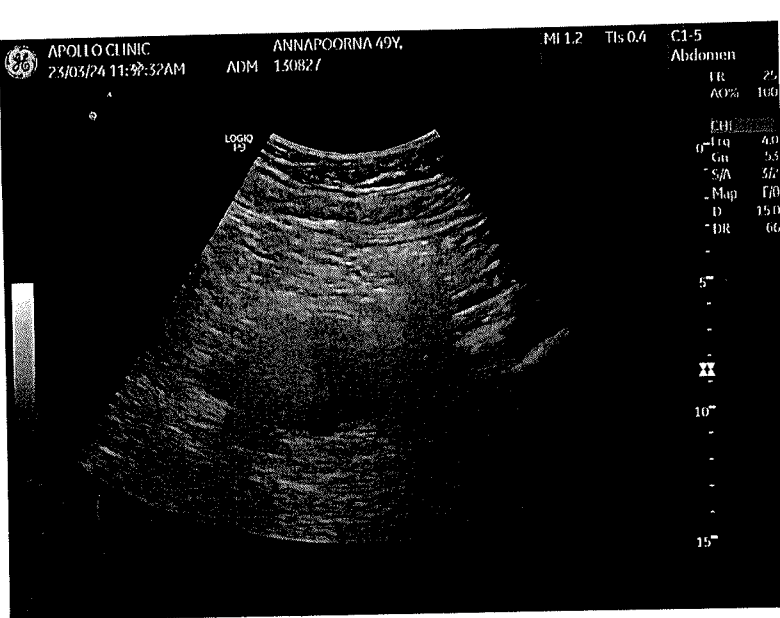
*To correlate clinically & with other investigations.
Not for medico-legal purpose*



DR. VIGNESH K

CONSULTANT RADIOLOGIST





NAME:	Mrs. ANNAPOORNA M S
AGE / SEX:	49YRS/ FEMALE
DATE:	23/03/2024
REFERRED BY:	ARCOFEMI HEALTHCARE

BILATERAL BREAST SCAN

All four Quadrants of each breast were scanned, followed by evaluation of the subareolar region and axillary tails.

Bilateral breast parenchyma display a uniform echogenicity and echo texture of the fibrofatty and glandular components, which are in normal proportion for this age and parity.

There is no evidence of any mass lesion, cysts or calcification seen in the bilateral breast.


Both Axillary tails are also normal.

No abnormal axillary lymphnodes noted.

Impression:

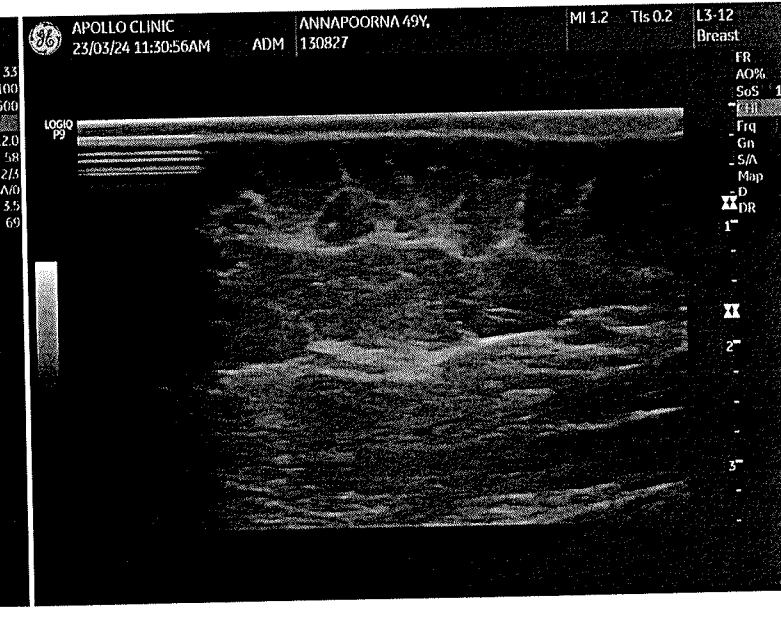
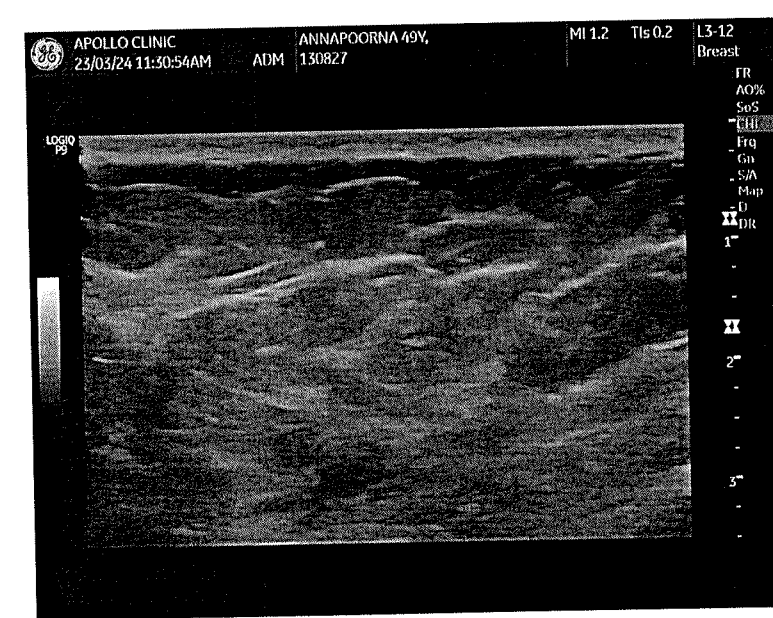
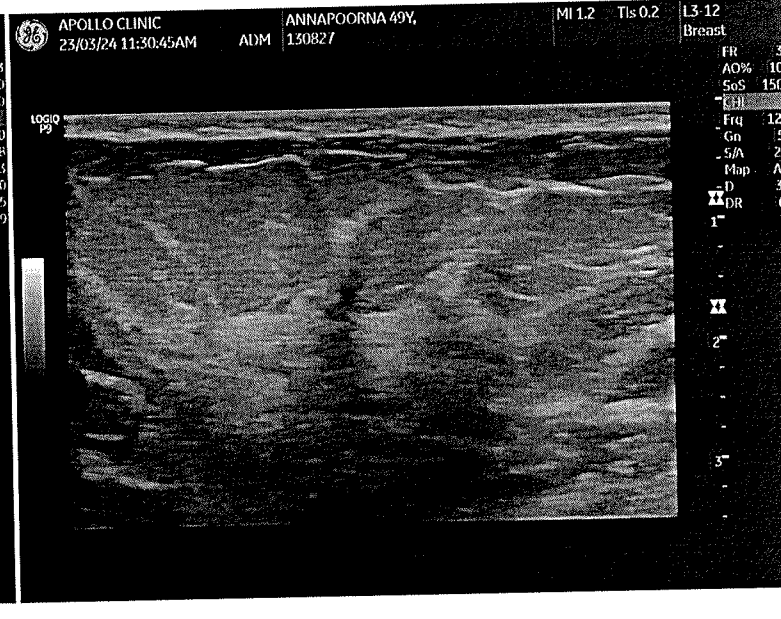
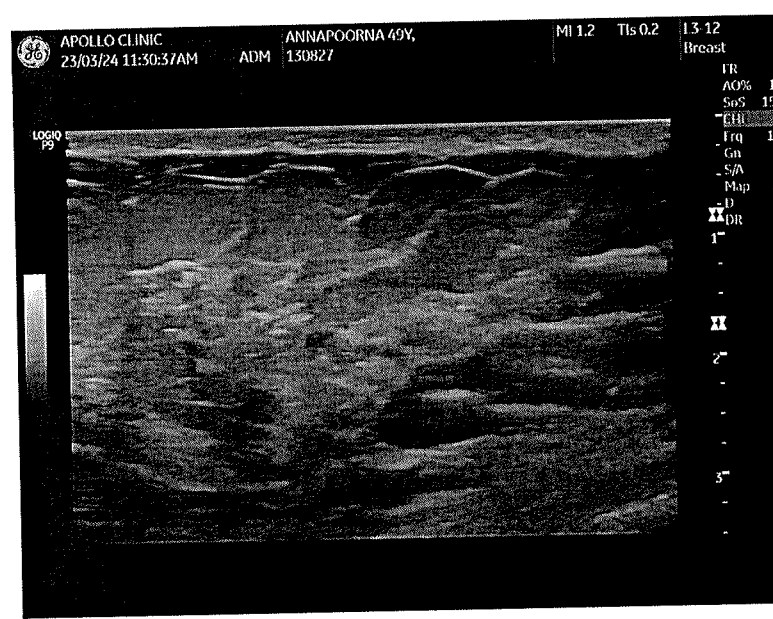
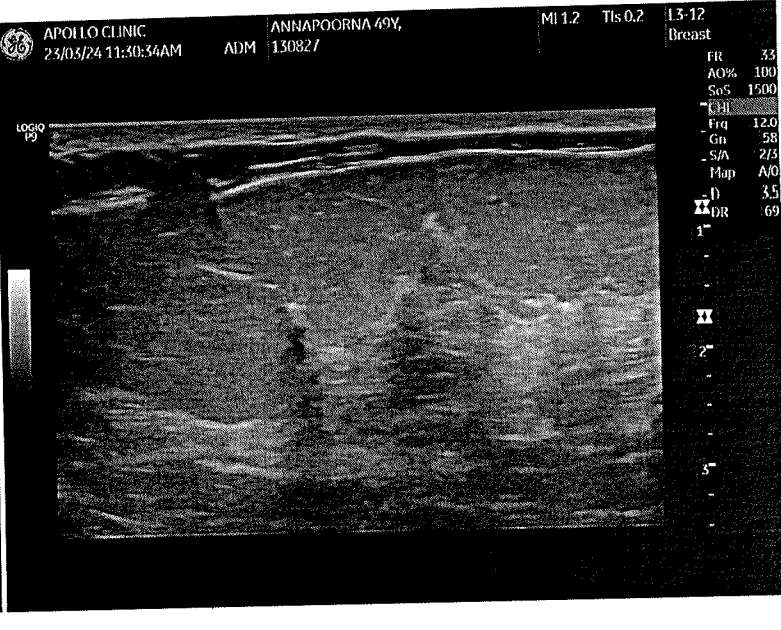
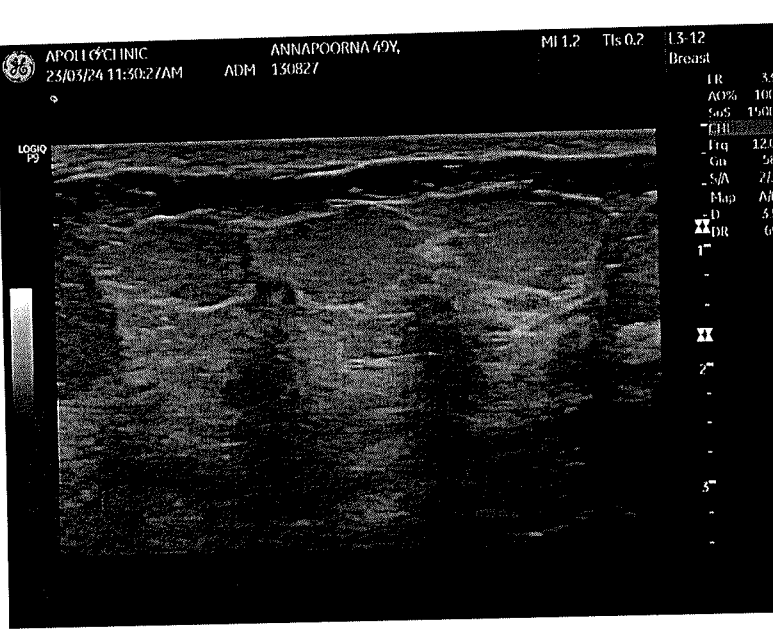
- No definitive sonological abnormality detected in present scan.
- US BIRADS I (NORMAL).

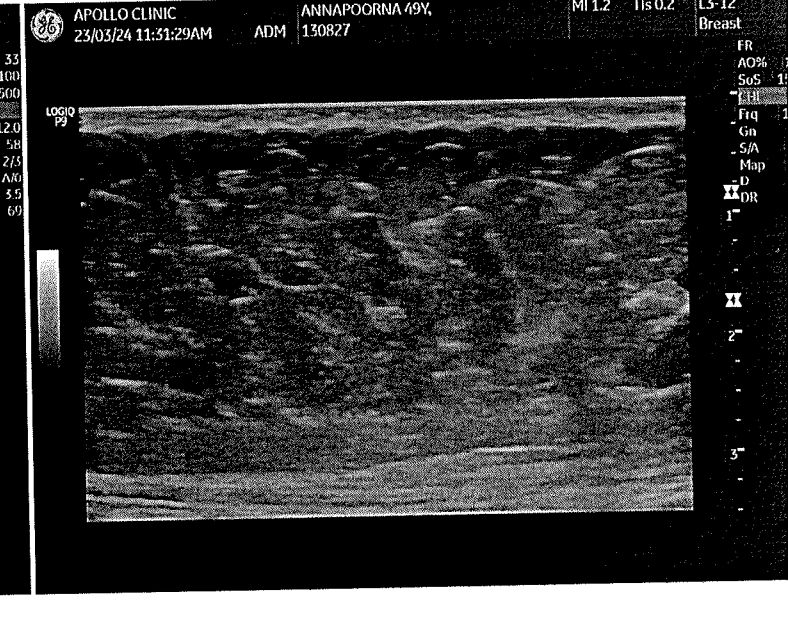
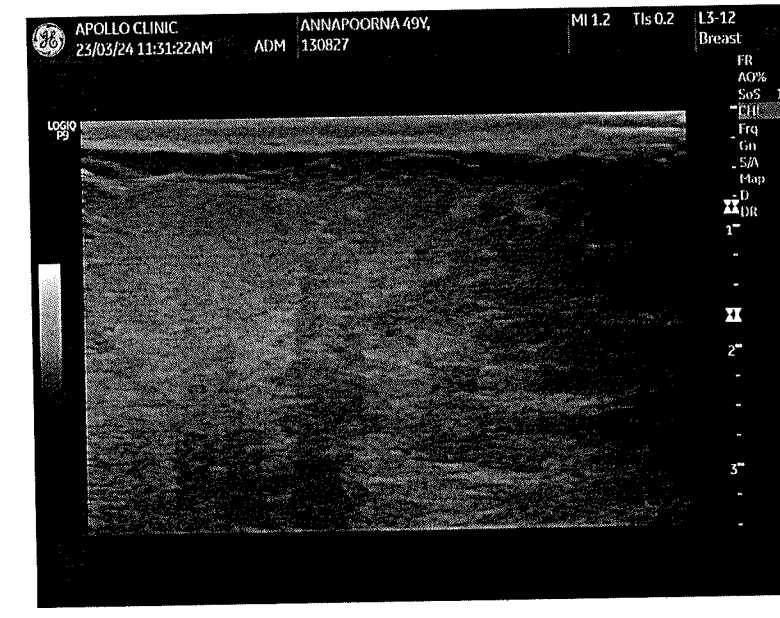
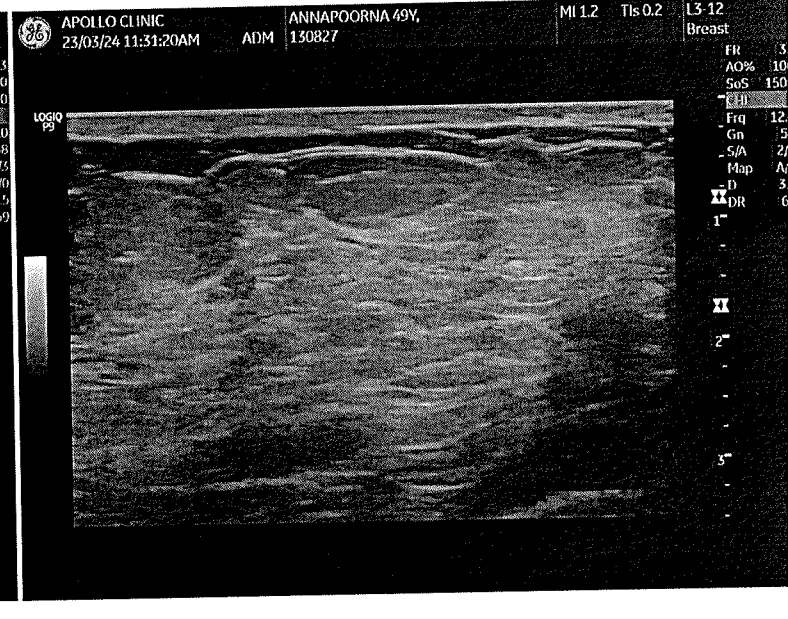
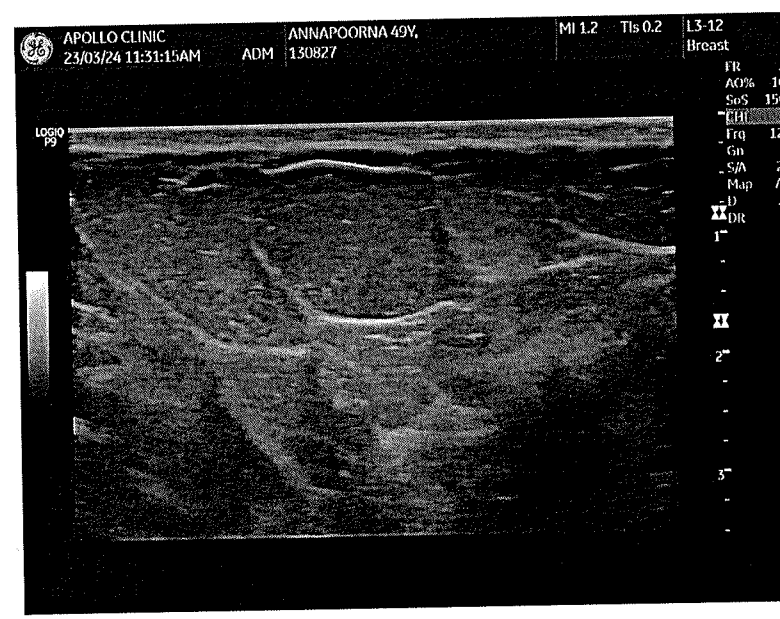
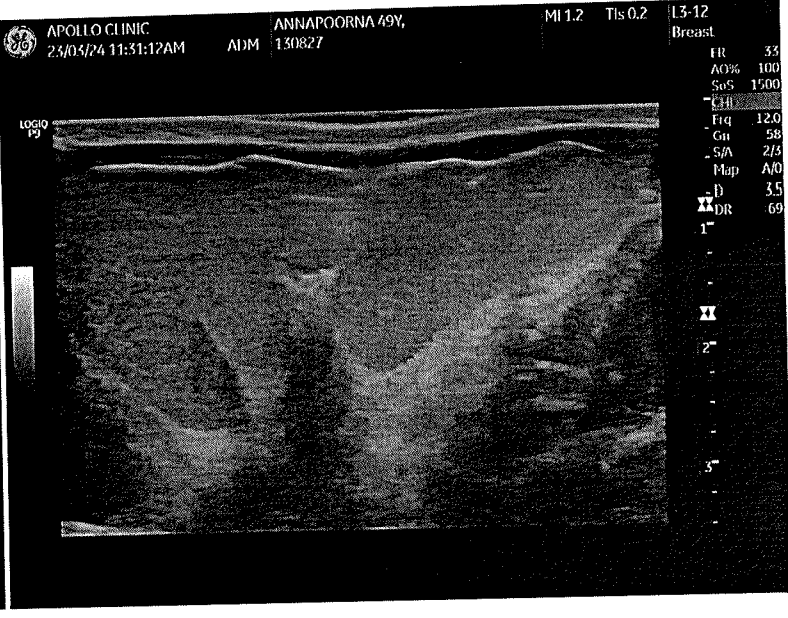
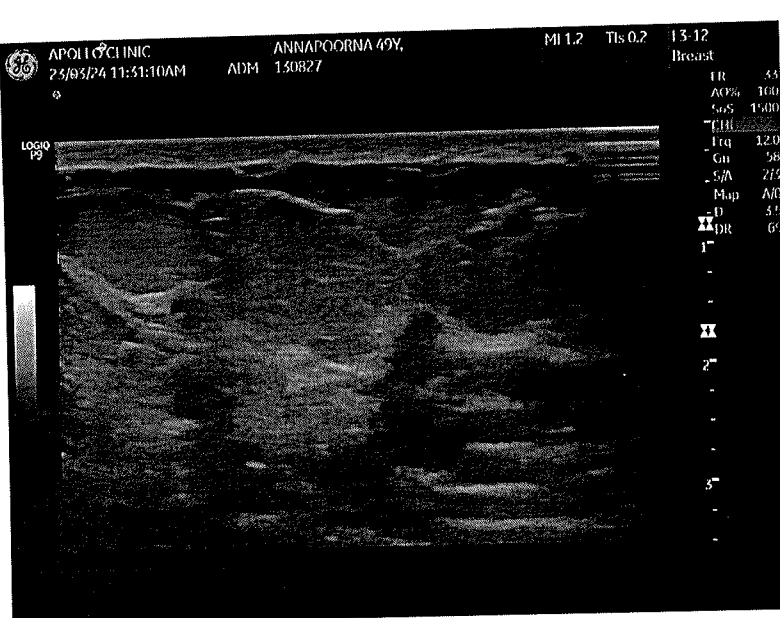
*To correlate clinically & with other investigations.
Not for medico-legal purpose*



DR. VIGNESH K

CONSULTANT RADIOLOGIST





Date: IST: 2024-03-23 12:58:23

Personal Details

UHID: 00XHEIPU6TT100G

PatientID: 130827

Name: MRS ANNAPOORNA M S

Age: 49

Gender: Female

Mobile: 9880153324

Pre-Existing Medical- Conditions

Vitals

Measurements

HR: 72 BPM

PR: 176 ms

PD: 119 ms

QRSD: 83 ms

QRS Axis: 25 deg

QT/QTc: 383/383 ms

Interpretation

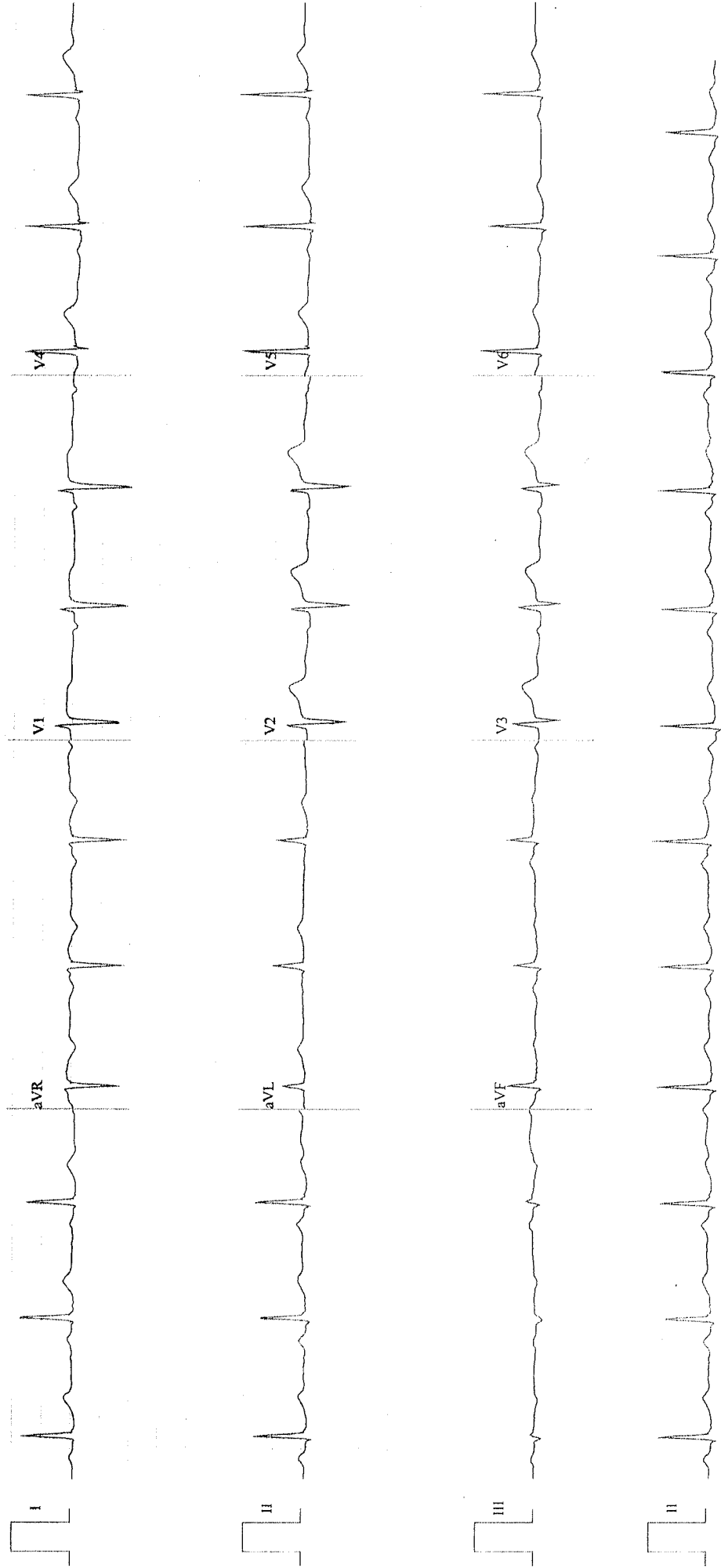
Normal sinus rhythm

Normal axis

Authorized by

Yogesh

Dr. Yogesh Kothari MD, DNB, FESC, FEP Reg No- KMC 44065



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV

Disclaimer: 1. Analyses in this report is based on ECG. Software used should be used as an adjunct to clinical history, symptoms and results of other non-invasive tests, and must be interpreted by a qualified physician. 2. Normal ECG does not rule out heart disease. Approval: ECG does not always mean severe heart disease. Comments: No report is based on available data. (Clinical correlation is important)

2-D ECHO-CARDIOGRAPHY DOPPLER & COLOUR DOPPLER REPORT

NAME : MRS ANNAPOORNA M S

DATE:23/03/2024

AGE/SEX: 49Y/ F

REF :ARCOFEMI

UHID:130827/03/166

***** MEASUREMENTS & FLOW VELOCITIES AS DEPICTED IN IMAGES OVERLEAF.**

1. NORMAL VALVES.
2. NORMAL FLOW ACROSS ALL VALVES.
3. NO MR/ AR/ TR.
4. NORMAL GREAT VESSELS.
5. NORMAL SYSTEMIC VEINS & AT LEAST 3 PULMONARY VEINS SEEN DRAINING INTO LA.
6. NORMAL SIZED CHAMBERS.
7. NO REGIONAL WALL MOTION ABNORMALITIES.
8. INTACT SEPTAE (IVS & IAS).
9. GOOD LV & RV SYSTOLIC FUNCTION.
10. PERICARDIUM : NORMAL
11. NO OBVIOUS VEGETATION / CLOTS.



DR (CAPT.)S.V KRISHNA RAO

MD (PGI), DNB (Card)

Senior Consultant – Cardiologist

Reg No : ANP 19780000746KTK

To correlate with clinical findings & other relevant investigations .

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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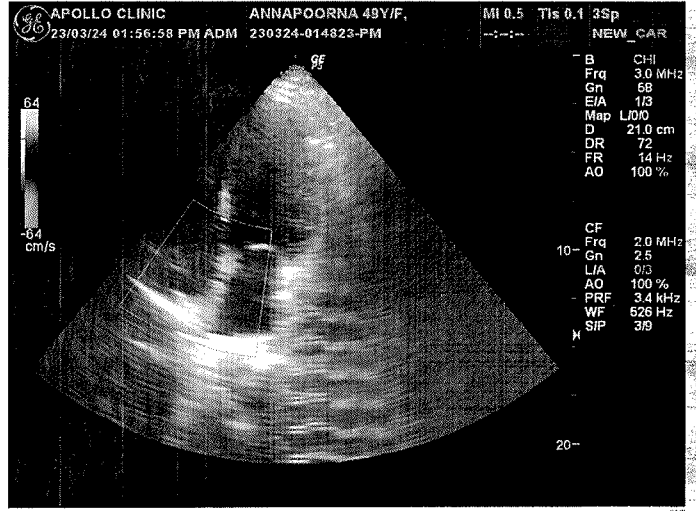
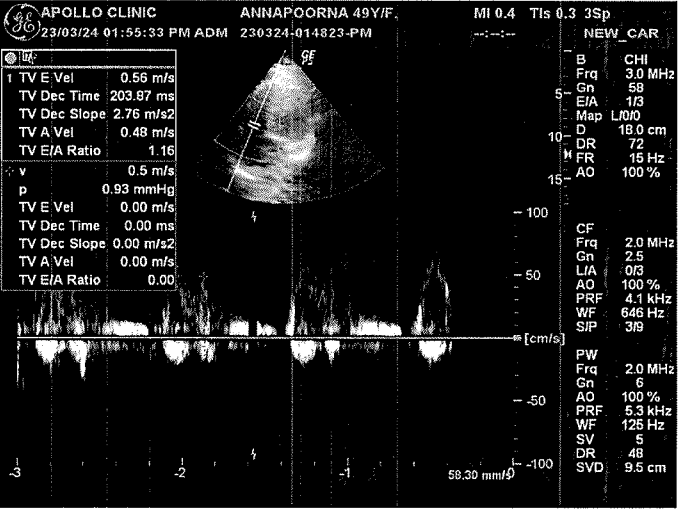
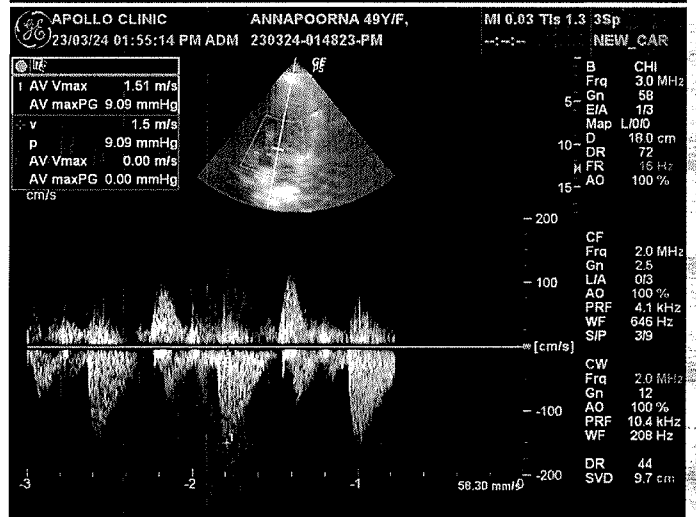
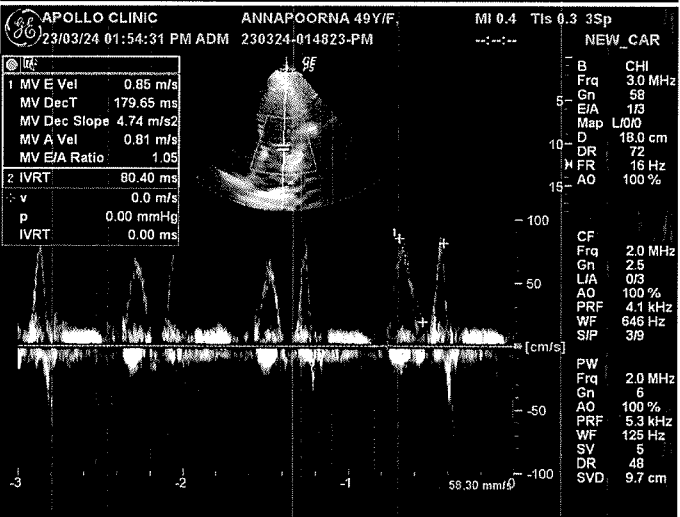
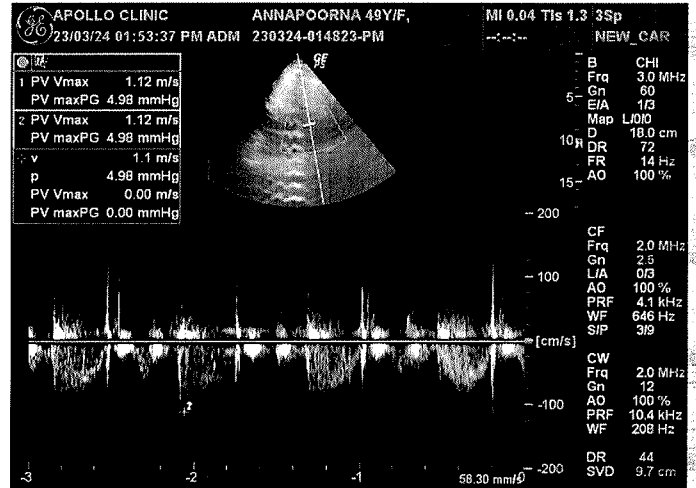
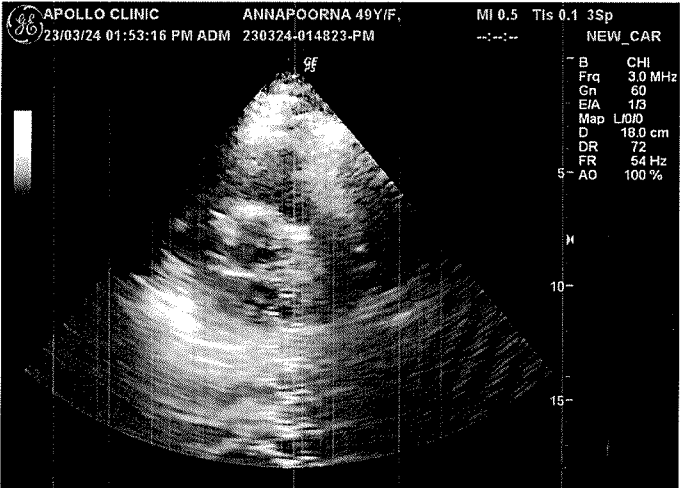
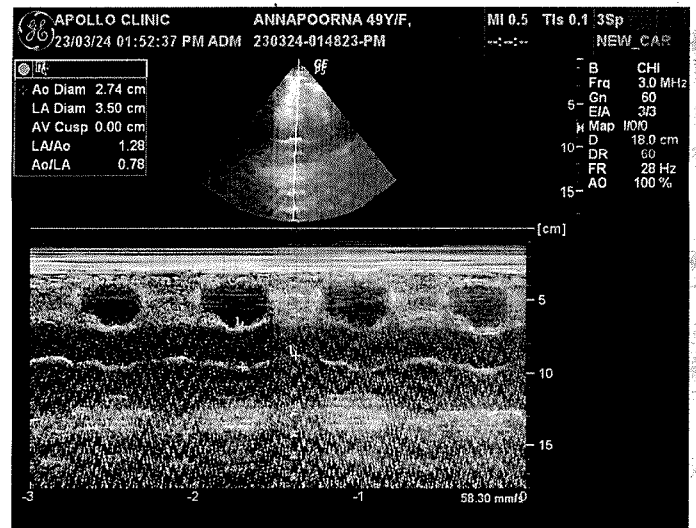
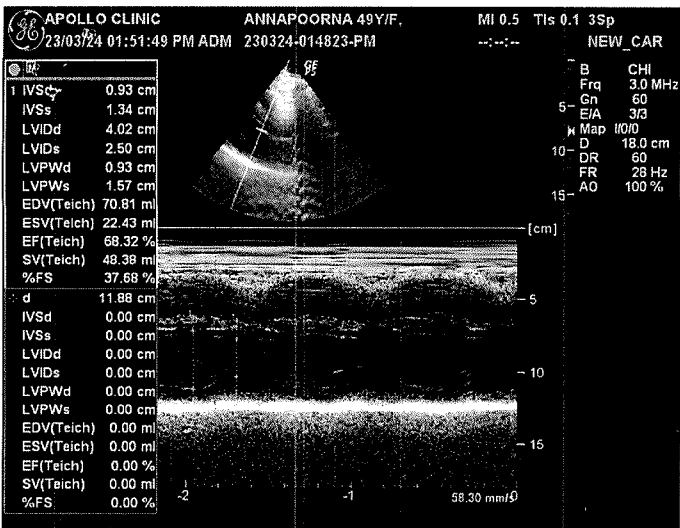
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TO BOOK AN APPOINTMENT

 **1860 500 7788**



MEDICAL FITNESS CERTIFICATE

DATE:

NAME:

AGE/SEX:

UHID:

CHIEF COMPLAINTS:

PAST/FAMILY HISTORY:-

ALLERGIES:-

GENERAL EXAMINATION:-

PULSE: 76	BP: 148/87	TEMP:	RR:
HT: 162	WT: 91.2	WAIST: 103	BMI: 34.7

Hip - 104

SYSTEMIC EXAMINATION: -

Continue wear glass

99 < 6/6 NS
6/6 NS

Contracture
N-Addtz

VISION SCREENING

<u>Vision</u>	<u>Rt</u>	<u>Lt</u>	<u>With Corrections</u>
<u>DISTANT</u>	6/9	6/9	
<u>NEAR</u>	N10	N10	
<u>COLOUR</u>	N	N	

Chest:

CVS:

P/A:

IMPRESSION:-

FINAL RECOMMENDATIONS:-

GENERAL PHYSICIAN

Apollo Clinic

CONSENT FORM

Patient Name: Ms. Annapoorna M.S Age: 49

UHID Number: 130827 Company Name: Arcofemi

I Ms. Annapoorna Employee of Arcofemi

(Company) want to inform you that I am not doing LBC, Dental, EMS, consultation procedure due to Doctor Unavailability which is a part of my health package.

And I claim the above statement in my full consciousness.

Patient Signature: [Signature]

Date: 23/03/24

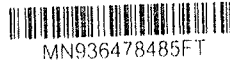


ಭಾರತ ಸರ್ಕಾರ
Unique Identification Authority of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 1377/40419/02768

To
ಅನ್ನಪೂರ್ಣ ಎಮ್ ಎಸ್
Annapoorna M S
D/O: Manjappa M S
#186 5th Cross 3rd Main
Srinivasnagar
Bangalore South
Banashankari
Bangalore South Bangalore
Karnataka 560050
9980144556

28/12/2013
93647848



MN936478485FT



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

4274 8397 3923

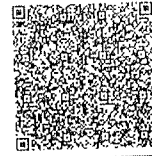
ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಅನ್ನಪೂರ್ಣ ಎಮ್ ಎಸ್
Annapoorna M S
ಜನ್ಮ ದಿನಾಂಕ / DOB : 02/07/1974
ಸ್ತ್ರೀ / Female



4274 8397 3923

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

Health checkup

BHAVANA HEGGOD <bhavana.mgr@gmail.com>

Sat 2024-03-23 10:07 AM

To: Electronic City <ecity@apolloclinic.com>

Dear MS. S ANNAPOORNA M

Gentle Reminder

Your health checkup booking for 23 March 2024 ie TOMORROW is confirmed and booked

We request you to attend your appointment as per your reservation.

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 12 Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check center).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

In case of any query pl call on customer care number.

Patient Name : Mrs. ANNAPOORNA M S

Age/Gender : 49 Y/F

UHID/MR No. : CELE.0000130827

OP Visit No : CELEOPV345165

Sample Collected on :

Reported on : 23-03-2024 20:32

LRN# : RAD2279124

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : bobE17367

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Dr. VIGNESH K
MBBS, MD Radio-Diagnosis
Radiology

Name: Mrs. ANNAPOORNA M S
Age/Gender: 49 Y/F
Address: ECITY
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: Electronic City_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. KRISHNA SHAW

MR No: CELE.0000130827
Visit ID: CELEOPV345165
Visit Date: 23-03-2024 10:19
Discharge Date:
Referred By: SELF

Doctor's Signature

Name: Mrs. ANNAPOORNA M S
Age/Gender: 49 Y/F
Address: ECITY
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: Electronic City_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. DAYANAND BALAPPA YALIGAR

MR No: CELE.0000130827
Visit ID: CELEOPV345165
Visit Date: 23-03-2024 10:19
Discharge Date:
Referred By: SELF

HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

SYSTEMIC REVIEW

HT-HISTORY

PHYSICAL EXAMINATION

SYSTEMIC EXAMINATION

IMPRESSION

RECOMMENDATION

Doctor's Signature

Name: Mrs. ANNAPOORNA M S
Age/Gender: 49 Y/F
Address: ECITY
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: Electronic City_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. DAYANAND BALAPPA YALIGAR

MR No: CELE.0000130827
Visit ID: CELEOPV345165
Visit Date: 23-03-2024 10:19
Discharge Date:
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Consulting Doctor: Dr. PAVITRA RAMAN

MR No: CELE.0000130827
Visit ID: CELEOPV345165
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Age/Gender: 49 Y/F
Address: ECITY
Location: BANGALORE, KARNATAKA
Doctor:
Department: GENERAL
Rate Plan: Electronic City_03122022
Sponsor: ARCOFEMI HEALTHCARE LIMITED
Consulting Doctor: Dr. SUDHIR M NAIK

MR No: CELE.0000130827
Visit ID: CELEOPV345165
Visit Date: 23-03-2024 10:19
Discharge Date:
Referred By: SELF

Doctor's Signature

Established Patient: No

Vitals

Date	Pulse (Beats/min)	B.P (mmHg)	Resp (Rate/min)	Temp (F)	Height (cms)	Weight (Kgs)	Body Fat Percentage (%)	Visceral Fat Level (%)	Body Age (Years)	BMI	Waist Circum (cms)	Hip (cms)	Waist (cms)	Waist & Hip Ratio	User
03-04-2024 11:02	90 Beats/min	130/80 mmHg	24 Rate/min	97.8 F	168 cms	70 Kgs	%	%	Years	24.8	cms	cms	cms		AHLL06674

Established Patient: No

Vitals

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